

**Hospital Community Benefit Program
Advisory Committee
Meeting Minutes for
February 3, 2000**

Welcome and Introductions:

David Werdegarr called the meeting to order at 10:05am. He provided a history and overview of SB 697, the Hospital Community Benefit Program (HBCP.) Committee members were asked to introduce themselves and provide a few comments on their perspectives and concerns regarding SB 697. Comments were recorded for the afternoon discussion.

Committee Members Present: All members present.

(For revised contact information please see attachment A)

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| • Carol Adams | • Julio Mateo |
| • Kevin Barnett | • Tom McCaffrey |
| • Bud Beck | • Tom McGuinness |
| • Mickie Beyer | • Santiago Munoz |
| • Maya Dunne | • Gary Nelson |
| • Mary Lou Goeke | • Maria Rodriguez-Guerra |
| • Chet Horn | • Donald Rowe |
| • Wayne Judd | • Sherri Sager |
| • Cyndi Kettman | • Joan Twiss |
| • Bud Lee | • George Wolfe |

OSHPD staff:

- | | |
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| • Roxanne Andrews | • Ed Mendoza |
| • Joy Beatty | • Elsa Murphy |
| • Louise Hand | • David Werdegarr |
| • Laurie Macintosh | |

HCBP Status Report:

Elsa Murphy provided a status report on the HCBP which included a summary of (1) activities for 1998-1999, (2) workplan objectives for 1999-2000, and (3) the preliminary review of hospital financial information reported in community benefit plans. Handouts were provided to committee members.

Meeting Objectives:

Ed Mendoza explained the structure of the committee and identified potential discussion topics: (1) technical assistance to hospitals, (2) reporting by OSHPD, and (3) evaluation and feedback to hospitals.

He stated that the committee's goals for the day were to:

1. Identify major program issues.
2. Identify and prioritize technical assistance needs.
3. Provide input on work plan.
4. Establish workgroups and workgroup agendas.
5. Establish schedules and work programs for the committee.

He also provided the following questions to guide the committee's discussion:

1. Is the statutory intent of the program being met? If not, what changes need to be made?
2. What help do hospitals need to assist them in complying with reporting requirements?
3. What information should OSHPD provide to the public regarding community benefits?
4. What are the most important goals of the program?
 - a) Document community benefits?
 - b) Local community participation and accountability?
 - c) Hospital collaboration with community partners?
 - d) Hospital's role in meeting community needs?

Committee's response to meeting objectives

In response to the meeting objectives, committee members posed the following comments and questions:

- How can the Committee best help OSHPD? Have there been missed opportunities that OSHPD could comment?
- How do we move hospitals in the 'middle of the bell curve' forward in the community benefit planning process?
- What is the process of selecting needs and creating programs?
- Do the programs and outcomes truly address community needs?
- Are the collaborations and partnerships created in the beginning of SB 697 still meeting the needs of the community?
- What could hospitals do to beyond traditional health models?
- The committee also wanted to compare community benefits from a system perspective versus an individual hospital perspective.
- A suggestion was made regarding a meeting facilitator for future meetings.

Lunch Break

Afternoon discussion: David Werdegard invited the committee to provide any additional comments prior to the structured afternoon discussion. Comments included:

- A request that OSHPD continue to provide reports to the Legislature. A public report will provide OSHPD the opportunity to interject opinion before media interprets the community benefit plans for themselves. Committee members offered to be a guide and a sounding board if such a report was produced.
- The committee raised several questions about documentation. (e.g. charity care, bad debts, valuation of hospital leadership in community, overall benefit to the community.)
- The committee also noted the economic struggles that hospitals face. They must not only do what the community needs, but also do what will keep the doors of the hospital open.
- The committee suggested that describing the disconnect between identified community needs and what hospitals can realistically address is part of the education process. The public needs to understand the limits of hospitals within that context.
- The committee suggested that the Hospital Community Benefit Program align itself with the healthy community vision.

Afternoon Discussion: Brainstorm – potential community benefit topics for OSHPD

During the lunch break, Ed Mendoza and Elsa Murphy identified five subject areas for further discussion. These were selected based on OSHPD's workplan, and committee comments provided in the morning. For each topic, committee members were asked to provide additional comments and ideas for future workgroup discussion.

Initial List

Reporting 1. <i>Standardization</i> 2. <i>Financial Data</i> 3. <i>Economic Valuation</i>	OSHPD Workplan 1. <i>Technical Assistance</i> 2. <i>Information Dissemination</i> 3. <i>Plan Review/Feedback</i> 4. <i>Developing Standards</i>
Technical Assistance 1. <i>Needs Assessments</i> 2. <i>Measuring Outcomes</i> 3. <i>Community Capacity</i>	Policy and Information 1. <i>Pressures on Hospitals</i> 2. <i>Report to legislature</i> 3. <i>Dissemination of Plans</i> 4. <i>Adding more Hospitals</i> 5. <i>Frequency of Needs Assessments</i>
State Level Linkages 1. <i>Foundations</i> 2. <i>Other State Departments</i>	

Discussion - Reporting

The following were added to the list during the discussion:

- *Nonquantifiable benefits*
- *Needs assessment – include in plan or send to OSHPD?*
- *balanced scorecard*
- *other measurement tools that demonstrate hospital benefits*
- *data users*
- *valuing leadership*
- *community capacity building*
- *verifying community participation*

Comments

- The committee referred to *Standardization* by asking that the workgroup discuss definitions of terms, possible formats for the community benefit plans, and review the information required to be in the plans.
- The committee also expanded *Financial Data* and noted that the workgroup should explore the issue of consistency in data reporting.
- Comments regarding *Economic Valuation* related to the costs of charity care and methods of reporting.

- The committee requested the workgroup review the pros and cons of conducting needs assessments every three years.
- A caveat was raised in regard to standardized reporting as it may create the “lowest common denominator” effect and stifle the continuous improvement process that OSHPD has encouraged.
- One member suggested that we let hospitals compare themselves to similar hospitals.

Discussion - Technical Assistance

The following were added to the list during the discussion:

- *Communication for other audiences*
- *Basic legislative requirements*
- *Who are the target audiences? Methods for communicating*
- *Effective, evidence-based interventions*
- *Ongoing community engagement*
- *Reporting*
- *Civic engagement models*

Comments

- The committee commented that technical assistance provided around the needs assessment should address model processes and sources of data.
- *Basic legislative requirements* was added after a committee member asked that the HCBP create a way to educate new employees in the community benefit planning process.
- Committee members recommended defining the target audience and conducting a survey to get a better picture of assistance they need.

Discussion - Policy and Information & Revisions to the Legislation

Committee members suggested that the list be split into two categories: (1) Policy and Information, and (2) Revisions to the Legislation. Added to the Policy and Information list were:

- *Broader community context*
- *Best practices and innovative examples*
- *Discuss comparisons that need to be made and the level of comparisons*

Under Revisions to the Legislation:

- *Identify other community benefit literature – don’t duplicate efforts*
- *Public education*
- *Demonstrating community Involvement*

Comments

- The committee recommended that the Policy and Information workgroup discuss pressures on hospitals (e.g. uninsured populations, local community pressure, SB 1953, reimbursements) and how it effects the community benefit planning process.

- The committee also saw a need to provide concise information to legislators. The committee suggested writing policy briefs on different community benefit issues (e.g. charity care, reimbursement rates).
- It was also suggested that the legislators be provided with the community benefit plans from their district, and that hospitals should do their part to educate their legislators.
- One committee member noted that the workgroup should review the literature on community benefits around the nation. (e.g. Boston)
- One committee member requested that progress notes from the advisory committee and workgroups should be provided to hospitals that are not represented so they can provide feedback to OSHPD.
- Concerning the dissemination of plans, the committee proposed requiring hospitals to report how they involved and informed the public about the needs assessment and plans.
- Committee members recommended that *Adding More Hospitals* and *Frequency of Needs Assessment* should be moved from Policy and Information to Revisions to the Legislation.

Discussion - OSHPD Workplan

The following were added to the list during the discussion:

- *Provide workgroup and advisory committee comments to hospitals*
- *State-level linkages*
- *Training modules, internet, CDs*

Comments

- State-level linkages was integrated into the list.
- The committee noted the need for developing training modules. Due to high turnover, hospitals need assistance in training staff. The committee suggested software, videotapes, annual conferences or other tools.

(See Page 6 for Final List of topics)

Questions and Comments

The floor was opened to the committee for any final questions or comments. It was agreed that workgroups will provide recommendations to OSHPD on next steps in each of the aforementioned areas.

Elsa Murphy will email the final workgroup topics and goals to each of the advisory committee members. When committee members receive the email they may request which workgroup they would like to participate on. The workgroups should schedule meetings and/or conference calls before the next Advisory Committee Meeting.

Closing

David Werdegarr closed the meeting at 2:55pm. A suggested date for the next Advisory Committee meeting was Tuesday, April 11, 2000. However, the Advisory Group

requested that a calendar be circulated, since many members did not have their calendars with them.

Final List

<p>Reporting</p> <ol style="list-style-type: none"> 1. <i>Standardization</i> 2. <i>Financial Data</i> 3. <i>Economic Valuation</i> 4. <i>Nonquantifiable benefits</i> 5. <i>Needs assessment – include in plan or send to OSHPD?</i> 6. <i>Balanced scorecard</i> 7. <i>Other measurement tools that demonstrate hospital benefits</i> 8. <i>Data users</i> 9. <i>Valuing leadership</i> 10. <i>Community capacity building</i> 11. <i>Verifying community participation</i> 	<p>OSHPD Workplan</p> <ol style="list-style-type: none"> 1. <i>Technical Assistance</i> 2. <i>Information Dissemination</i> 3. <i>Plan Review/Feedback</i> 4. <i>Developing Standards</i> 5. <i>State Level Linkages</i> 6. <i>Foundations</i> 7. <i>Other State Departments</i> 8. <i>CCLHO</i>
<p>Technical Assistance</p> <ol style="list-style-type: none"> 1. <i>Needs Assessments</i> 2. <i>Measuring Outcomes</i> 3. <i>Community Capacity Building</i> 4. <i>Communication for other audiences</i> 5. <i>Basic legislative requirements</i> 6. <i>Who are the target audiences?</i> <i>Methods for communicating</i> 7. <i>Effective, evidence-based interventions</i> 8. <i>Ongoing community engagement</i> 9. <i>Reporting</i> 10. <i>Civic engagement models</i> 	<p>Policy and Information</p> <ol style="list-style-type: none"> 1. <i>Pressures on Hospitals</i> 2. <i>Report to legislature</i> 3. <i>Dissemination of plans</i> 4. <i>Broader community context</i> 5. <i>Examples of best practices, innovative efforts</i> 6. <i>Discuss comparisons that need to be made and the level of comparisons</i>
<p>Revisions to the Legislation</p> <ol style="list-style-type: none"> 1. <i>Adding more hospitals</i> 2. <i>Frequency of the needs assessment</i> 3. <i>Identify other community benefit literature –don't duplicate efforts</i> 4. <i>Public education</i> 5. <i>Demonstrating community Involvement</i> 	

Hospital Community Benefit Program Advisory Committee- 2000

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